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RUEHUL/AMEMBASSY SEOUL 3584
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RUEHHK/AMCONSUL HONG KONG 1827
RUEHGZ/AMCONSUL GUANGZHOU 0051
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RUEAIIA/CIA WASHINGTON DC
RUEHPH/CDC ATLANTA GA
RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC
RUEAUSA/DEPT OF HHS WASHINGTON DC
RUEKJCS/SECDEF WASHINGTON DC//USDP/ISA/AP//
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UNCLAS SECTION 01 OF 04 HANOI 000722

SENSITIVE
SIPDIS

STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA, MED
STATE FOR AIAG (RLOFITS/CPATTERSON/CSHAPIRO)
STATE PASS TO USAID FOR ASIA (MELLIS, DSHARMA, CJENNINGS) AND
GH (GSTEELE, DCARROLL)
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (STERN)
HHS/OSSI/DSI PASS TO FIC/NIH (RGLASS), OGHA (JKULIKOWSKI/
/MABDOO/SCUMMINGS/DMILLER)
CDC FOR COGH (SBLOUNT), CCID (SREDD) AND DIV-FLU(NCOX/AMOEN)
USDA PASS TO APHIS, FAS (OSTA AND OCRA), FSIS
BANGKOK FOR RMO, CDC (MMALISON), USAID (MACARTHUR/CBOWES), APHIS,
REO (HHOWARD/RTANAKA)
BEIJING FOR HHS HEALTH ATTACHE (EYUAN) AND CDC (JMC FARLAND)
PHNOM PENH FOR CDC INFLUENZA COORDINATOR(BBRADY)
ROME FOR FAO
VIENTIANE FOR CDC INFLUENZA COORDINATOR (ACORWIN)

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [EAGR](#) [PINR](#) [KFLU](#) [VM](#)

SUBJECT: VIETNAM MOVING FROM CONTAINMENT TO QUENCHING SOUTHERN
OUTBREAK CLUSTERS OF NOVEL A/H1N1 INFLUENZA

REF: A. HANOI 546 B. HO CHI MINH 429 C. HO CHI MINH 415

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¶1. (SBU) Summary. As of August 2, 2009, Vietnam's Ministry of Health (MOH) reported a total of 936 cases of pandemic influenza A/H1N1
¶2009. Initially, H1N1 cases increased steadily, but almost exclusively, among persons entering Vietnam from known outbreak areas and their close contacts in country. Aggressive actions on isolation, quarantine and treatment appeared to contain spread within Vietnam until mid-July when clusters of cases were identified in a Ho Chi Minh City boarding school. Since then, clusters linked to this outbreak have been identified in a number of provinces, mostly in the south and south-central regions. In response, the Government of Vietnam (GVN) has adopted a suppression strategy to limit the outbreak's spread. Despite GVN efforts, the disease has spread more widely throughout the southern area and increasingly in the northern and central regions, including large business facilities in Hanoi and Ho Chi Minh City. While the MOH is developing measures to control the spread from businesses and schools, it has begun to move towards preparations for community mitigation. To date, the disease has typically been mild, with no reports of serious complications of illness or deaths. End Summary.

Early Infections and Response

12. (SBU) Following the report of the first A/H1N1 case in Vietnam on May 31 2009, the numbers of confirmed cases in Vietnam rose steadily over the next several weeks as the pandemic spread throughout the world and increasing numbers of infected international travelers from outbreak areas entered Vietnam. By mid-July, more than 300 cases had been confirmed in Vietnam, almost all of whom were recently entering travelers and their close family contacts. The majority of cases were visiting or returning Vietnamese, originating especially in Australia and North America, and most of these imported cases entered Vietnam via Ton Son Nhat international airport in Ho Chi Minh City. Nearly 90 percent of cases in this early period were reported from the southern region, with much smaller numbers detected in the northern and central regions. In response, the MOH pursued an aggressive containment policy, including early detection of symptomatic persons through border screening; distribution of advisories to all incoming travelers with instructions on self reporting of illness; mandatory quarantine in hospital of suspected cases; voluntary quarantine at home of healthy contacts of cases; and hospital isolation and oseltamivir treatment of persons found to be positive for infection using RT-PCR testing. Applying these measures, Vietnam was able to delay the spread of the disease into the community for a number of weeks.

Recent Spread

13. (SBU) As of July 16, there were no reported serious complications of illness or deaths, and it was reported that the clinical illness was generally mild and self-limited. Stringent containment measures still appeared to be successful in slowing the spread in Vietnam of

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the disease. However, on July 17, the MOH reported 14 new cases in a single location, Xuan Hiep Commune, Xuan Hoa District, Dong Nai Province, which borders Ho Chi Minh City. This cluster of cases was linked to a student of a private school holding summer classes in Ho Chi Minh City, which on investigation revealed a cluster of cases among its boarding student body. By July 20, 34 students and teachers at the school were found to be infected, and the school became the first education facility in Vietnam to be shut down because of the flu. Seventy-nine students were placed under quarantine at the school, where isolation and treatment facilities were established to treat some of the ill students. More than 1,000 healthy students from the school, mostly from Ho Chi Minh City and adjacent provinces, but some scattered throughout southern Vietnam, were advised to stay at home and avoid communicating with the public. The authorities warned against further spread once the normal school year began. On 27 July, the government reported that 10 provinces, mostly in the southern Mekong Delta region, had identified positive cases who were students of two Ho Chi Minh City schools. Authorities also reported several cases in Hanoi who had traveled on 24 July by train from Ho Chi Minh City, and alerted other passengers on this train to voluntarily quarantine themselves at home.

GVN Strategy as Pandemic Spreads

14. (U) With evidence of the pandemic spreading in Vietnam, on July 27, the Prime Minister, Nguyen Tan Dung, mobilized the entire political system to curb the flu's progress and prevent fatalities, stating that, "The pandemic is spreading in the community, thus the entire political system and mass media have to publicize A/H1N1 prevention and protection measures for the participation of all people in the fight against the potentially fatal disease." This represented a major shift forward from stringent containment to broader education and community mitigation strategies. The MOH sent an official letter to all provinces on July 28, requesting local health departments to work with local authorities to strengthen communication activities regarding A/H1N1 through mass media, communication training for health workers and collaborators, and distribution of communication materials and hotline information. In

addition, the MOH planned to propose a budget to buy Tamiflu and Zanamivir to provide to provinces and has requested manufacturers and importers to prepare enough medical face masks for the increasing need of health staff and the public.

Vietnamese Testing Suggests Few Differences from Other Pandemic H1N1 Strains

15. (SBU) Confirmatory RT-PCR testing is being conducted at NIHE (the WHO-designated National Influenza Center) and at the three other regional public health institutes in the national reference laboratory network. Testing is also being carried out at the National Institute of Infectious and Tropical Diseases (NIITD), in Hanoi, and at the Hospital for Tropical Diseases (HTD), in Ho Chi

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Minh City. This confirmatory testing has been made possible by provision of primers, probes and other diagnostic reagents by WHO CC, CDC, Atlanta, and by a national training workshop conducted in early June by NIHE for laboratory scientists from the other regional institutes and from the reference hospitals which was sponsored by CDC and WHO in Nha Trang. NIHE is maintaining the national archive of pandemic Influenza A/H1N1 2009 isolates and has performed critical sequencing analyses showing that isolates in Vietnam have no mutations associated with oseltamivir resistance but that most are resistant to the adamantane class of antivirals. Preliminary examination of a few isolates suggests minor genetic differences between isolates from strains introduced from North America and Australia. Preliminary observations on cell culture suggest that the pandemic strain has a higher cytopathogenic effect than seasonal A/H1N1 isolates from Vietnam.

Vietnam to Coordinate with Foreign Embassies When Quarantining Foreign Citizens

16. (SBU) In a meeting with the Danish Ambassador, Bui Quoc Thanh, Deputy Director of the Consular Department at the Ministry of Foreign Affairs, promised to provide prompt notification of such quarantine to Embassies of a foreign national. Thanh also promised better treatment for those selected for quarantine, specifically: to inform tourists upon arrival at an international airport about the procedures for quarantine related to A/H1N1; to provide tourists with a detected fever to pick up their luggage prior to be taken into quarantine; and to ensure that hospitalized tourists receive prompt information regarding their diagnosis and the possible length of quarantine. Consular officials from several nations had received numerous complaints from their citizens about GVN quarantine procedures.

Centers for Disease Control and Prevention Support

17. (SBU) The Centers for Disease Control and Prevention (CDC) has supported national influenza surveillance and pandemic preparedness with substantial Cooperative Agreement support and considerable and continued epidemiological and laboratory technical assistance. Capacity-strengthening and establishment of good public health practices have boosted the Vietnamese ability to rapidly detect, characterize and report on cases of endemic influenza and the incursion and spread of the pandemic strain in Vietnam. CDC assistance has helped build the capacity to provide urgently needed information, education and communications for the public and health workers; improve border surveillance, isolation and quarantine; expand disease reporting and investigation; develop case management, infection control and biosafety procedures and policies; and strengthen communications within the government regarding the rapidly emerging situation. Most recently, CDC has provided emergency assistance to support enhanced surveillance for early detection, and for case investigations of the first 200 cases to rapidly characterize the clinical, epidemiologic and virologic

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characteristics of the disease in Vietnam. Virus samples are being shared by Vietnam with CDC, Atlanta for advanced molecular characterization and monitoring for possible antiviral resistance or increased pathogenicity.

USAID Support

18. (SBU) USAID has supported the GVN to strengthen the capacity of human health and animal health workers in early detection, surveillance and rapid response, awareness-raising and behavior change. Through WHO, IOM and the Kenan Institute, USAID is helping GVN to develop influenza pandemic plans at the national and local levels, increase the capacity of the school sector, and increase capacity of health quarantine and other sector staff in controlling A/H1N1, H5N1 and other diseases, including at border crossings. With support from USAID, WHO, the MOH will conduct pandemic plan development workshops and simulation exercises between September-November, 2009. In July, two major simulation exercises were funded in Can Tho and Hung Yen provinces to test local response to animal and human outbreaks of H5N1 or A/H1N1.

19. (SBU) USAID has provided a significant number of PPEs and disinfectant to Ministry of Agriculture and Rural Development (MARD) and MOH to help front line workers prevent H1N1 and H5N1 influenza transmission. In addition, USAID continues to support the GVN and civil society to better prepare for a pandemic at different levels. USAID's global AI Communications project (AI.COMM, managed by AED) has recently worked with Ogilvy & Mather/Vietnam to finalize the production of a general pandemic preparedness emergency communication training video (not Vietnam-specific), which will soon be available for global use.

Comment

10. (SBU) As in many other countries, Vietnam now faces an entrenched disease that is spreading throughout the country. As such, the GVN has begun to adjust its strategy from exclusion and containment to management. Both CDC and USAID have played an active role in assisting Vietnam's initial efforts and both expect to continue their support as the outbreak evolves. Vietnam's experiences in responding to A/H1N1, combined with many years of efforts to contain and prevent H5N1, highlight the capacity of Vietnam to provide useful practical guidance to the participants in the April 2010 International Ministerial Conference on Avian and Pandemic Influenza, which it will host.

11. (U) This cable was coordinated with Consulate General Ho Chi Minh City.

MICHALAK